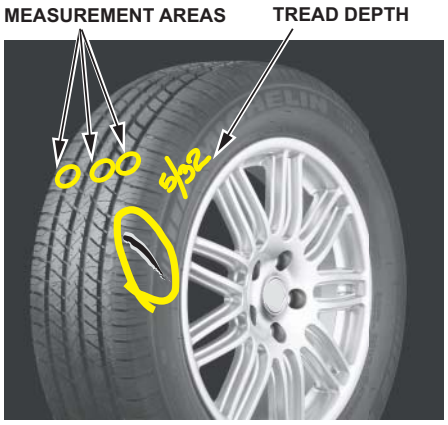
HONDA	AFFECTED VEHICLES All Vehicles With Michelin Tires (covered by Michelin road hazard warranty)	DATE March 2007

Michelin Road Hazard Tire Warranty Procedures

When returning a tire for damage covered by the road hazard tire warranty, follow these guidelines:

1. Determine if the tire is repairable; refer to Honda Service Bulletin 06-082, *Tubeless Tire Repair Information*. If applicable, determine if the PAX System support ring is reusable; refer to the *Michelin PAX Support Rings Technical Bulletin* in ISIS, **Search By Publication**, **Job Aids**.
   - If the tire is repairable, it is not covered by the road hazard warranty and this job aid does not apply.
   - If the tire is not repairable, circle the tire injury with a tire marker and go to step 2.

2. Measure the tread wear in order to determine what percentage of the tire cost will be covered by the road hazard warranty:
   - Measure the tire tread depth at the two outer grooves and at one of the inner grooves. Using a tire marker, circle the areas where you measured (do not measure in the tread wear bar locations).
   - Average the three measurements, and write the average remaining tread on the sidewall in 32nds of an inch.



NOTE: PAX System tires are covered for road hazard damage for 2 years from the date of vehicle or tire sale, or up to 50 percent of tire tread wear. After the first 50 percent of tread wear, coverage is pro rated (see the www.Hondatire.com website for additional proration information).

3. Fill out a warranty claim form (see page 2). Write the warranty claim form number on the sidewall of the tire.

4. Call The Tire Rack at 877-327-8473 to obtain a call tag. For additional reference materials, refer to the Honda tire website at www.Hondatire.com

Michelin Warranty Claim Form Instructions

(For all Michelin tires covered by road hazard warranty, including PAX™ System)

1. **DATE OF CLAIM**: Enter date of claim form preparation.
2. **MICHELIN CLAIM NUMBER**: This unique number identifies this claim; record this number for future reference.
3. **OWNER INFORMATION AND CERTIFICATION**: Complete all fields. Customers must sign and date the form.
4. **VEHICLE/TIRE INFORMATION**: Complete all fields. Enter the **CURRENT RETAIL PRICE** and the **MSPN OF NEW TIRE** (refer to www.Hondatire.com.)

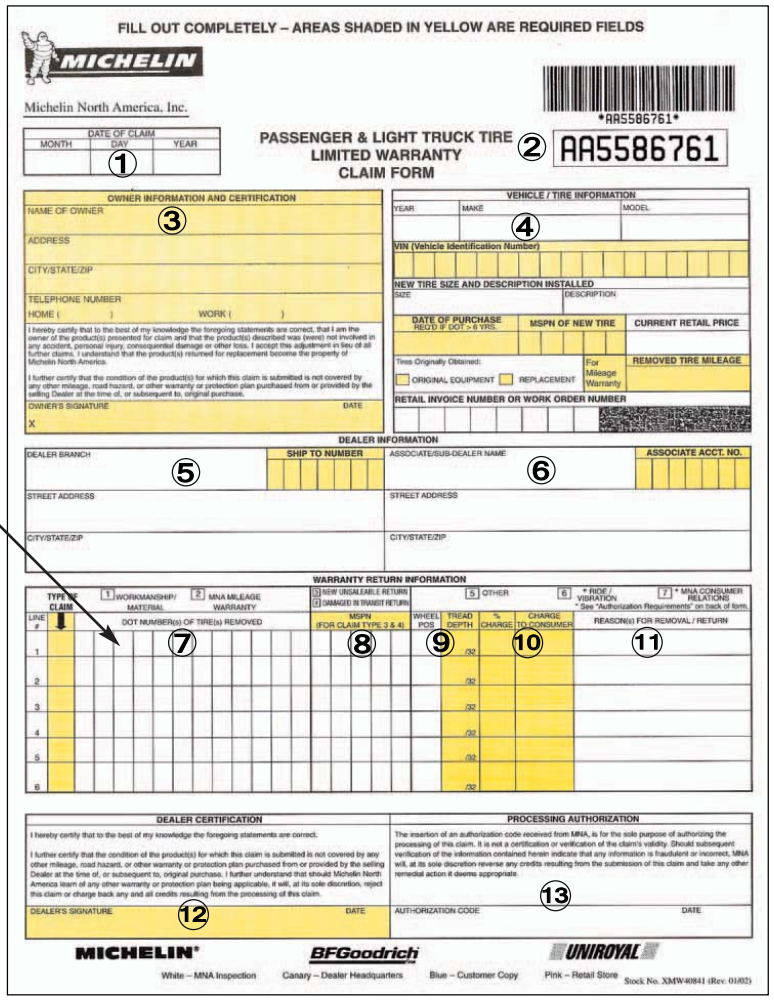
DEALER INFORMATION

5. Leave this section blank.
6. Complete all fields. Enter your 6-digit dealer number in the ASSOCIATE ACCT. NO. field, starting with the left-most box.

WARRANTY RETURN INFORMATION

7. **TYPE OF CLAIM**: Select and enter a # code from the top of the box; most road hazards are #5. **DOT NUMBER(S) OF TIRE(S) REMOVED**: Enter entire the DOT number from the tire's sidewall.
8. **MSPN**: Enter the (MSPN) part number of the tire you are replacing.
9. **WHEEL POS**: Enter the wheel position (LF, RF, LR, RR) for each tire replaced.
   TREAD DEPTH: Enter the measured tread depth (in 32nds of an inch) for each tire (see measuring instruction on page 1).
10. **% CHARGE**: Fill in the prorate percentage.
    CHARGE TO CONSUMER: List the prorate amount. Do not include sales tax.
11. **REASON(s) FOR REMOVAL/ RETURN**: Select and enter one of these reasons: Road Hazard, Customer Pay, or Michelin Goodwill.
12. **DEALER CERTIFICATION**: Enter your dealership manager's signature and date.
13. **PROCESSING AUTHORIZATION**: If Michelin provides goodwill for this claim, enter the authorization code and date. See Example Michelin Warranty Claim Form on page 3.

    NOTE: For replacement Michelin Claim forms, refer to the Honda tire website at www.Hondatire.com**.**


FILL OUT COMPLETELY – AREAS SHADED IN YELLOW ARE REQUIRED FIELDS
MICHELIN
Michelin North America, Inc.
AA5586761
DATE OF CLAIM
MONTH
DAY
YEAR
1
PASSENGER & LIGHT TRUCK TIRE LIMITED WARRANTY CLAIM FORM
2
AA5586761
OWNER INFORMATION AND CERTIFICATION
NAME OF OWNER
3
ADDRESS
CITY/STATE/ZIP
TELEPHONE NUMBER
HOME ( )
WORK ( )
I hereby certify that to the best of my knowledge the foregoing statements are correct, that I am the owner of the product(s) presented for claim and that the product(s) described was (were) not involved in any accident, personal injury, consequential damage or other loss. I accept this adjustment in lieu of all further claims. I understand that the product(s) returned for replacement become the property of Michelin North America.
I further certify that the condition of the product(s) for which this claim is submitted is not covered by any other mileage, road hazard, or other warranty or protection plan purchased from or provided by the selling Dealer at the time of, or subsequent to, original purchase.
OWNER'S SIGNATURE
DATE
X
VEHICLE / TIRE INFORMATION
YEAR
MAKE
MODEL
4
VIN (Vehicle Identification Number)
NEW TIRE SIZE AND DESCRIPTION INSTALLED
SIZE
DESCRIPTION
DATE OF PURCHASE
REQ'D IF DOT > 6 YRS.
MSPN OF NEW TIRE
CURRENT RETAIL PRICE
Tires Originally Obtained:
ORIGINAL EQUIPMENT
REPLACEMENT
For Mileage Warranty
REMOVED TIRE MILEAGE
RETAIL INVOICE NUMBER OR WORK ORDER NUMBER
DEALER INFORMATION
DEALER BRANCH
5
SHIP TO NUMBER
ASSOCIATE/SUB-DEALER NAME
6
ASSOCIATE ACCT. NO.
STREET ADDRESS
CITY/STATE/ZIP
WARRANTY RETURN INFORMATION
TYPE OF CLAIM
1 WORKMANSHIP/ MATERIAL
2 MNA MILEAGE WARRANTY
3 NEW UNSALEABLE RETURN
4 DAMAGED IN TRANSIT RETURN
5 OTHER
6 * RIDE / VIBRATION
7 * MNA CONSUMER RELATIONS
* See "Authorization Requirements" on back of form.
LINE #
DOT NUMBER(s) OF TIRE(s) REMOVED
7
MSPN (FOR CLAIM TYPE 3 & 4)
8
WHEEL POS
9
TREAD DEPTH
/32
% CHARGE
10
CHARGE TO CONSUMER
REASON(s) FOR REMOVAL / RETURN
11
1
2
3
4
5
6
DEALER CERTIFICATION
I hereby certify that to the best of my knowledge the foregoing statements are correct.
I further certify that the condition of the product(s) for which this claim is submitted is not covered by any other mileage, road hazard, or other warranty or protection plan purchased from or provided by the selling Dealer at the time of, or subsequent to, original purchase. I further understand that should Michelin North America learn of any other warranty or protection plan being applicable, it will, at its sole discretion, reject this claim or charge back any and all credits resulting from the processing of this claim.
DEALER'S SIGNATURE
12
DATE
PROCESSING AUTHORIZATION
The insertion of an authorization code received from MNA, is for the sole purpose of authorizing the processing of this claim. It is not a certification or verification of the claim's validity. Should subsequent verification of the information contained herein indicate that any information is fraudulent or incorrect, MNA will, at its sole discretion reverse any credits resulting from the submission of this claim and take any other remedial action it deems appropriate.
13
AUTHORIZATION CODE
DATE
MICHELIN
BFGoodrich
UNIROYAL
White – MNA Inspection
Canary – Dealer Headquarters
Blue – Customer Copy
Pink – Retail Store
Stock No. XMW40841 (Rev. 01/02)

Example
Michelin Warranty Claim Form
(For all Michelin tires covered by road hazard warranty, including PAX System)

FILL OUT COMPLETELY – AREAS SHADED IN YELLOW ARE REQUIRED FIELDS

MICHELIN

Michelin North America, Inc.

AA5586761

AA5586761

DATE OF CLAIM		
MONTH	DAY	YEAR
xx	xx	xx

PASSENGER & LIGHT TRUCK TIRE LIMITED WARRANTY CLAIM FORM

OWNER INFORMATION AND CERTIFICATION

NAME OF OWNER: John G. Peterson

ADDRESS: 100 Main Street

CITY/STATE/ZIP: Anytown, USA

TELEPHONE NUMBER: HOME (555) 123-4567 WORK (555) 321-7654

I hereby certify that to the best of my knowledge the foregoing statements are correct, that I am the owner of the product(s) presented for claim and that the product(s) described was (were) not involved in any accident, personal injury, consequential damage or other loss. I accept this adjustment in lieu of all further claims. I understand that the product(s) returned for replacement become the property of Michelin North America.

I further certify that the condition of the product(s) for which this claim is submitted is not covered by any other mileage, road hazard, or other warranty or protection plan purchased from or provided by the selling Dealer at the time of, or subsequent to, original purchase.

OWNER'S SIGNATURE: X John G. Peterson DATE: xx/xx/xx

VEHICLE / TIRE INFORMATION

YEAR	MAKE	MODEL
2006	Honda	Odyssey

VIN (Vehicle Identification Number): 5 F N R L 3 8 8 2 6 B X X X X X X

NEW TIRE SIZE AND DESCRIPTION INSTALLED

SIZE: 235/710R460A DESCRIPTION: PAX

DATE OF PURCHASE (REQ'D IF DOT > 6 YRS.)

MSPN OF NEW TIRE: 1 3 3 8 5

CURRENT RETAIL PRICE: 180.00

Tires Originally Obtained: X ORIGINAL EQUIPMENT ☐ REPLACEMENT

For Mileage Warranty

REMOVED TIRE MILEAGE: 15,999

RETAIL INVOICE NUMBER OR WORK ORDER NUMBER: 3 7 9 7 1 0

DEALER INFORMATION

DEALER BRANCH

SHIP TO NUMBER

STREET ADDRESS

CITY/STATE/ZIP

ASSOCIATE/SUB-DEALER NAME: Anytown, Honda

ASSOCIATE ACCT. NO.: 2 0 X XX X

STREET ADDRESS: 500 Central Avenue

CITY/STATE/ZIP: Anytown, USA

WARRANTY RETURN INFORMATION

TYPE OF CLAIM: 1 WORKMANSHIP/MATERIAL; 2 MNA MILEAGE WARRANTY; 3 NEW UNSALEABLE RETURN; 4 DAMAGED IN TRANSIT RETURN; 5 OTHER; 6 * RIDE / VIBRATION; 7 * MNA CONSUMER RELATIONS

* See "Authorization Requirements" on back of form.

LINE #	DOT NUMBER(s) OF TIRE(s) REMOVED	MSPN (FOR CLAIM TYPE 3 & 4)	WHEEL POS	TREAD DEPTH	% CHARGE	CHARGE TO CONSUMER	REASON(s) FOR REMOVAL / RETURN
1	5 B 9 L M J H M X 2 3 0 4		LR	5 /32	60%	108.00	Flat tire
2				/32			
3				/32			
4				/32			
5				/32			
6				/32			

DEALER CERTIFICATION

I hereby certify that to the best of my knowledge the foregoing statements are correct.

I further certify that the condition of the product(s) for which this claim is submitted is not covered by any other mileage, road hazard, or other warranty or protection plan purchased from or provided by the selling Dealer at the time of, or subsequent to, original purchase. I further understand that should Michelin North America learn of any other warranty or protection plan being applicable, it will, at its sole discretion, reject this claim or charge back any and all credits resulting from the processing of this claim.

DEALER'S SIGNATURE: Linda Longstreet DATE: xx/xx/xx

PROCESSING AUTHORIZATION

The insertion of an authorization code received from MNA, is for the sole purpose of authorizing the processing of this claim. It is not a certification or verification of the claim's validity. Should subsequent verification of the information contained herein indicate that any information is fraudulent or incorrect, MNA will, at its sole discretion reverse any credits resulting from the submission of this claim and take any other remedial action it deems appropriate.

AUTHORIZATION CODE DATE

MICHELIN® BFGoodrich UNIROYAL

White – MNA Inspection Canary – Dealer Headquarters Blue – Customer Copy Pink – Retail Store

Stock No. XMW40841 (Rev. 01/02)

EXAMPLE ONLY

AJA 34287